

Amendment No. 2 to SB2449

Watson
Signature of Sponsor

AMEND Senate Bill No. 2449*

House Bill No. 2665

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Section 14-1-101, is amended by deleting subdivision (15)(D) and substituting:

(D) An assisted-care living facility, a home for the aged, a nursing home, or a residential hospice, as those terms are defined in § 68-11-201, or an entity other than a school, as that term is defined in subdivision (18), that operates a residential congregate living facility, including, but not limited to, a home that provides care for adults with disabilities or traumatic brain injury, a home that provides residential mental health treatment for children or adults, or an alcohol and drug treatment facility;

SECTION 2. Tennessee Code Annotated, Section 14-4-104, is amended by designating the existing language as subsection (a) and adding the following as a new subsection (b):

(b)

(1) Subsection (a) does not apply to the dispensing or prescribing of controlled substances. The exception created under this subdivision (b)(1) does not affect how the dispensing or prescribing of controlled substances is regulated under title 53 or 63.

(2) As used in subdivision (b)(1), "controlled substances" means a drug, substance, or immediate precursor defined or listed in Schedules I through VI of the Tennessee Drug Control Act of 1989, compiled in title 39, chapter 17, part 4.

SECTION 3. Tennessee Code Annotated, Section 68-11-276, is amended by deleting the section and substituting:

(a) As used in this section:

(1) "Family member" means a spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted child, or spouse's parent;

(2) "Hospital" has the same meaning as defined in § 68-11-201; and

(3) "Patient representative" means a family member or another individual, chosen by a hospital patient, to act on behalf of the patient in order to support the patient in decision-making; access medical, social, or other personal information for or from the hospital; manage financial matters; or receive notifications.

(b)

(1) A hospital shall implement written policies and procedures regarding the patient's right to receive visitation during a period when COVID-19 is a healthcare concern, including:

(A) Policies and procedures setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on a patient's right to visitation; and

(B) The reasons for the clinically necessary or reasonable restriction.

(2) For purposes of allowing visitation during a period when COVID-19 is a healthcare concern, a hospital shall:

(A) Inform the patient or patient representative of the patient's visitation rights, including any clinical restriction or limitation on such rights;

(B) Inform the patient or patient representative of the right, subject to the patient's or patient representative's consent, to receive visitors whom the patient or patient representative designates and the

patient's or patient representative's right to withdraw such consent at any time; and

(C) Not restrict, limit, or deny visitation privileges on the basis of race, color, national origin, religion, sex, or disability.

(3) A hospital shall not restrict a patient from having at least one (1) patient representative as a visitor during a period when COVID-19 is a healthcare concern, as long as the patient representative agrees to follow all safety protocols established by the hospital pursuant to this subsection (b), which must be clearly specified in writing and be no more restrictive than protocols applicable to staff of the hospital.

(4) This subsection (b) does not preclude a hospital from placing limitations on the frequency and duration of visitation in areas of the hospital that necessitate a higher level of safety protocols.

SECTION 4. This act takes effect upon becoming a law, the public welfare requiring it.